

(REVERSE SIDE OF SHEET)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G	19	6/22/01
O.I.P.E. CLASSIFIER		7301	
FORMALITY REVIEW	SS	573	08-10-01
RESPONSE FORMALITY REVIEW	LOL	875	11-01-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✗	Allowed	I	Interference
— (Through numeral) ...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date		
Final	Original	16	15
1	✓	/	
2	✓	/	
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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Claim	Date		
Final	Original	11	10
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Claim	Date		
Final	Original	101	102
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

REG-583

11-01-01